

TENNCARE MEDICAL NECESSITY GUIDELINES	
Procedure: Bariatric Surgery	Origin Date: 1/20/2006
Approved by: Wendy Long, MD	Page 1 of 3

Bariatric Surgery Medical Necessity Guidelines

I. Non-Covered Procedures

- A. The following bariatric surgical procedures are not covered:
 - 1. Gastric balloons
 - 2. Gastric stapling

II. Provider Requirements - The bariatric surgeon must:

- A. Work within an integrated program for the care of the morbidly obese that can provide the supportive and ancillary services required for successful bariatric surgical outcomes, **and**
- B. Be certified by the American Board of Surgery or the American Board of Osteopathic Surgery **and**
- C. Adhere to the recommendations and guidelines of the American Society for Bariatric Surgeons, **and**
- D. Have performed at least thirty-five (35) of the contemplated procedures as the primary surgeon within the past three (3) years.

III. Clinical Criteria - The patient must:

- A. Have a diagnosis of Morbid Obesity - defined as 100 lbs (45kg) above the ideal body weight or 200% of the ideal body weight as defined by the Metropolitan Life Insurance Tables, or
- B. Have a body mass index (BMI) of ≥ 40 , or
- C. Have a BMI ≥ 35 and at least 2 of the following 6 co-morbidities:
 - 1. Hypertension (PCP or specialist documentation of BPs over at least 6 months of time, medication use and failure of control directly related to the obesity)
 - 2. Hyperlipidemia (documentation of lipid levels, medication use and control with medication required)
 - 3. Diabetes under active treatment (statement from PCP or endocrinologist with documentation of glucose levels, HgbA1c, medication use, and compliance with diabetic control required)
 - 4. Coronary artery disease or cardiomyopathy (cardiology evaluation required)
 - 5. Disabling musculoskeletal dysfunction (documentation of diagnosis, treatment modalities and physical therapy evaluation and ongoing treatment required)
 - 6. Sleep apnea or pulmonary insufficiency (documentation of sleep studies, pulmonary function studies, or evaluation by a pulmonologist required), **AND**
- D. In addition to either A, B, or C above, **all** of the following criteria must be met and documented:
 - 1. The patient's primary care physician recommends bariatric surgery

2. Individualized records by the referring primary care physician include a history of heights and weights with documentation of morbid obesity for a minimum of five (5) years
 3. Incapacitation of the patient in performing daily activities or disability due to the obesity. There must be documentation of substantial inability to perform the activities of daily living such as evidenced by the use of walkers or wheelchairs
 4. Under the supervision of a licensed medical provider or through the TennCare Weight Watchers program, the patient must have participated in a weight loss regimen prior to surgery. Within 180 days prior to the date prior authorization is requested, the patient must have successfully lost five percent of his or her initial body weight, and maintained that weight loss as of the time of the prior authorization request. For the purpose of this section, initial body weight refers to the patient's weight upon initiation of the weight reduction program. The purpose of this requirement is to demonstrate the patient's ability to adhere to the radical and lifelong behavior changes and strict diet that are required **after** bariatric surgery. Documentation of the weight loss must be made available by the supervising licensed medical provider or the TennCare Weight Watchers program.
 5. Willingness to comply with pre and post-operative treatment plans including nutritional, behavioral and exercise counseling, and lack of a pregnancy during the rapid weight loss phase
 6. Individualized assessment by a bariatric surgeon includes at a minimum: pertinent history and physical examination, assessment of co-morbidities, and surgical history (particularly abdominal procedures)
 7. Individualized evaluation by a licensed psychiatrist or psychologist not associated with the bariatric surgeon includes assessment of: current psycho-emotional fitness for the proposed procedure; capacity to relate successfully to anticipated post-surgical lifestyle issues; ability to comply with life-long dietary changes and exercise, and professional recommendation regarding the advisability of the procedure
- E. The patient must be of an age greater than or equal to 18 years. If less than 18 years of age, special consideration must be given including, but not limited to documentation of completion of bone growth.

IV. Contraindications include any of the following:

- A. Documentation of a diagnosis of active alcoholism, chemical abuse, bulimia, or psychosis
- B. History of previous obesity surgery or extensive abdominal surgery for other reasons
- C. Evidence of endocrinologic contra-indications (Cushing's disease, chronic steroid use, etc.)
- D. Wheelchair dependence prior to becoming obese

V. References

- A. **Biliopancreatic Diversion with Duodenal Switch For Treatment of Obesity**, *Medical Technology Directory*, Hayes Inc., October 26, 2003.
- B. **Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults**; National Institutes of Health, National Heart, Lung and Blood Institute, *NIH Publication, No. 98-4083, September 1998*
- C. **Consensus Conference Statement: Bariatric surgery for morbid obesity: Health implications for patients, health professionals, and third-party payers**; Henry Buchwald, M.D., Ph.D., F.A.C.S.; *Surgery for Obesity and Related Diseases 1 (2005) 371–381*
- D. **Laparoscopic Bariatric Surgery**, *Medical Technology Directory*, Hayes Inc., November 21, 2003.
- E. **Meta-Analysis: Surgical Treatment of Obesity**; Melinda A. Maggard, MD, MSHS; Lisa R. Shugarman, PhD; *Ann Intern Med.* 2005;142:547-559.
- F. **Open Bariatric Surgery**, *Medical Technology Directory*, Hayes Inc., December 12, 2003.

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DEFINITIONS

Morbid Obesity: A condition of persistent and uncontrollable weight gain that may represent a present or potential threat to life or normal health. Morbid obesity is defined as a weight of 100 lbs (45kg) or 200% above the ideal weight published by the Metropolitan Life Insurance tables or a Body Mass Index $\geq 40 \text{ Kg/m}^2$.

Body Mass Index: Calculated as follows:

$$\text{Weight (kilograms)} / \text{Height (meters)}^2$$

Bariatric Surgery: Refers to a surgical procedure that deals with control or treatment of obesity.

Gastric Balloon: An inflatable device implanted in the stomach as an adjunct to therapy of morbid obesity.

Gastric Stapling: A surgical procedure that converts the upper part of the stomach into a very small pouch by stapling portions of the stomach together, forcing an obese person to eat only tiny portions yet still feel full.